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**APPLICATION FOR REAL ESTATE
TAX EXEMPTION FOR ELDERLY OR
PERMANENTLY/TOTALLY
DISABLED HOMEOWNERS – 2013
Filing Deadline: April 01**

Enclosed please find an application for Real Estate Tax Relief for the Elderly or Disabled for Tax Year 2013. If you or a joint homeowner meets the requirements below, the City of Winchester encourages you to apply for possible full or partial real estate tax relief.

REQUIREMENTS

Filing Deadline: Must file a complete, signed application with all supporting documentation by April 1 of each year. This is a firm deadline. Even if you already receive tax exemption, you must file anew each year.

Age: Must be at least 65 on December 31 of previous year, unless permanently or temporarily disabled.

Disability: If filing based upon disability, you must provide disability certification upon initial filing and every five (5) years thereafter. Certification for persons on Social Security Disability is available by calling 1-800-772-1213 and requesting Benefits Identification Letter or Awards Letter. Contact our office if you need to know when you last sent in a certification form.

Ownership: Must own and occupy dwelling, unless forced to live elsewhere for health reasons and dwelling is not rented out. If you own and occupy a private residence, the City may consider your entire property for exemption. If you own and occupy a commercial or multi-unit property, the City will consider only that portion used as your residence and may require a site visit to determine the appropriate percentage comprising your dwelling.

Net Financial Worth: Not exceeding \$200,000 as of December 31 of previous year. Value of residential dwelling and lot, up to one acre, are not included. (Contact financial advisor for list/value of stocks, bonds, etc.)

Income: Total combined income from all sources of owners, relatives and non-relatives living in the household (other than necessary caretaker or bona fide tenant), may not exceed \$50,000. The first \$6,500 of income of each relative or non-relative other than spouse is exempt from consideration.

Qualifying Exemption Percentages:

<u>Income Level</u>	<u>Exemption</u>
\$ 0-\$40,000	100%
\$40,001-\$45,000	75%
\$45,001-\$50,000	50%

If you have questions or need help completing the form, please contact us by phone, visit the Commissioner's Real Estate Office at City Hall, or request that office staff visit your home. We look forward to serving you.

Type of exemption for which you are applying

Elderly☐

Disabled☐

Required Attachments: You must include this information for your application to be complete

- ☐ List of Vehicles with Make, Model and Year
- ☐ List of Other Real Estate Owned (if applicable)
- ☐ Proof of all Income and Assets
- ☐ Power of Attorney (if applicable) Attached: _____ To Follow: _____ Provided in Year: _____
- ☐ Federal/State Tax Return for previous year (If you do not file, please mark here _____)
- ☐ If under 65, you must provide certification of disability every 5 years. Please mark status of certification(s)

☐ Social Security Awards Letter Attached: _____ To Follow: _____ Provided in Year: _____

☐ Veterans Administration Attached: _____ To Follow: _____ Provided in Year: _____

☐ Railroad Retirement Board Attached: _____ To Follow: _____ Provided in Year: _____

☐ Affidavit of Two Physicians Attached: _____ To Follow: _____ Provided in Year: _____

APPLICANT: _____

(Property Owner) (Last Name) (First Name) (Middle Name)

Property Street Address: _____

Applicant Birth Date: _____ Social Security Number: _____

SPOUSE \ CO-OWNER: _____

(Note if "None" or "Deceased") (Last Name) (First Name) (Middle Name)

Spouse Birth Date: _____ Social Security Number: _____

Applicant Telephone _____

Name on Real Estate Tax Bill, if different from Applicant Name: _____

Applicant is: _____ Sole Owner
_____ Partial Owner, Property legally held as: _____

If property is combined residential and commercial use, portion used as applicant's dwelling: _____%

*Optional: Friendly Contact Name: _____ Phone: _____

Other Contributing Members of Household:

List the name, relationship, age and social security number of all contributing members of the dwelling, whether related or not.

Name	Relation to Applicant	Age	Social Security Number

Enter the **gross income before deduction** from all sources, **for calendar year 2012**, of the applicant, spouse, and all other relatives/ contributing members living in the dwelling. (Other than necessary caretaker or bona fide tenant) List each person's income separately. Use additional sheets if necessary.

Gross Income for the Past Calendar Year. "Other" includes all contributing members listed above. You must attach supporting documentation for each amount listed.

Yearly Gross Income	Applicant	Spouse	Other
Salaries, Wages, etc.			
Social Security			
Pensions			
Rental Income			
Interest and Dividends			
Social Services (Welfare)			
Capital Gains			
Alimony and Child Support			
Other Income			
Less Exemption (\$6500 each)	Not Applicable	Not Applicable	
Total Yearly Gross Income			

Total Combined Gross Income of Applicant, Spouse and Other Contributing Members: \$ _____
 If permanently and totally disabled, subtract \$10,000: \$ _____
 Net Total Income: \$ _____

IF THE ABOVE TOTAL EXCEEDS \$50,000 YOU DO NOT QUALIFY THIS YEAR
PLEASE STILL SEND IN FORM SO THAT YOU WILL GET A NEW APPLICATION NEXT YEAR

Net Financial Worth at End of Past Calendar Year.

Assets	Applicant's Value	Spouse's Value
Automobiles (OFFICE USE ONLY)		
Cash – on hand and in banks (Checking and Savings)		
Stocks, bonds, IRAs, CDs, Trust (Attach listing)		
Real Estate other than dwelling (Attach listing)		
Other personal property (excluding household)		
Cash value of life insurance/ annuities		
Amounts owed to you		
Other assets (Attach listing)		
Total Assets		

(a) Total Combined Assets of Applicant and Spouse: \$ _____

If Total Combined Assets are under \$200,000, please skip the following Liabilities section.

Liability	Applicant's Value	Spouse's Value
Accounts Payable (medical, etc)		
Mortgage		
Federal Taxes due		
State and Other Taxes due		
Other Debts		
Total Liabilities		

(b) Total Combined Liabilities of Applicant and Spouse: \$ _____

Net financial worth is computed by listing all assets of applicant and spouse (excluding value of residence with up to one acre of land), then subtracting all liabilities.

Total Combined Net Financial Worth of Applicant and Spouse ("a" minus "b"): \$ _____

Applicant's certification

I declare under the penalties provided by law that the information contained in this application for Real Estate Tax Relief for the Elderly or Disabled, including any accompanying schedules or statements, is to the best of my knowledge, true, correct and complete.

Date Signature of Applicant Signature of Spouse

----- OFFICE USE ONLY -----

Tax Acct No: _____ Tax Map No: _____

Total Income \$ _____ Total Net Worth \$ _____

Exemption is _____ **APPROVED** for % _____

Property Value \$	x Dwelling %	x Tax Rate	x Exemption %	=Total Exemption \$
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Exemption is _____ **DISAPPROVED** for reason _____

City Official Signature: _____ Date: _____